L20000088538

(Req	uestor's Name)	
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! ALBRITTON

Sunshine State Corporate Compliance Company

· 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/12/2021	-			₩WALK IN#
ENTITY NAME VIRTU	AL HONEYCOMB, L	LC		
DOCUMENT NUMBER_	L20000088538			
	PLEASE FILE TH	HE ATTACHED AND RETUR	PN	
XXXX	Plain Copy			and the A
	Certified Copy			
	Certificate of Status			
/	PLEASE OBTAIN THE F Certified Copy of Arts	FOLLOWING FOR THE ABOVE s & Amendmenls	E ENTITY	
	Certificate of Good Sta	anding		· ,
	APOSTILLE' / N	NOTARIAL CERTIFICATION	ON	
COUNTRY OF DESTINAT	TION			_
NUMBER OF CERTIFICA	TES REQUESTED			_
TOTAL OWED \$25.00			‡: I20160000072	
Please call Tina at ti	he above number for	any issues or concerns,	Thank you so n	ruch!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virtual Honeycomb LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/24/2021}{1}$ and assigned Florida document number ______120000088538 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida __

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added , or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Sinead Acevedo	4880 Alder Drive	□Add
		В	□Remove
		West Palm Beach, FL 33417-3217	 ⊞ Change
			 □Remove
			□Change
			∐Add
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Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 029 Nute: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a decument's effective date on the Department of State's records. The effective date on the Department of State's records are record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Duted February 11th 2021			
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